

January 20, 2021 Compliance Standards: Data Dictionary

as of 8/25/21 JMP

In these standards client(s) and patient(s) refers to adults with serious and persistent mental illness residing in the State of Maine, with the exception of Standards 7-11, which include any adult in crisis in the State of Maine. The Consent Decree applies to any Maine adult with Serious Mental Illness and Persistent (SPMI) as clarified in a 2004 Law Court decision. Adult with SPMI means an individual at least 18 years of age or emancipated minor with:

1. A primary diagnosis of Schizophrenia or Schizoaffective disorder in accordance with the Diagnostic and Statistical Manual, 5th edition (DSM 5) criteria; or
2. Another primary DSM 5 diagnosis or DSM 4 equivalent diagnosis with the exception of Neurocognitive Disorders, Neurodevelopmental Disorders, Antisocial Personality Disorder and Substance Use Disorders who:
 - a) has a written opinion from a clinician, based on documented or reported history, stating that he/she is likely to have future episodes, related to mental illness, with a non-excluded DSM 5 diagnosis, that would result in or have significant risk factors of homelessness, criminal justice involvement or require a mental health inpatient treatment greater than 72 hours, or residential treatment unless community support services and/or evidence based outpatient treatment is provided; based on documented or reported history; for the purposes of this section, reported history shall mean an oral or written history obtained from the member, a provider, or a caregiver; or
 - b) has received treatment in a state psychiatric hospital, within the past 24 months, for a non-excluded DSM 5 diagnosis; or
 - c) has been discharged from a mental health residential facility, within the past 24 months, for a non-excluded DSM 5 diagnosis; or
 - d) has had two or more episodes of inpatient treatment for mental illness, for greater than 72 hours per episode, within the past 24 months, for a non-excluded DSM 5 diagnosis; or
 - e) has been committed by a civil court for psychiatric treatment as an adult; or
 - f) until the age of 21, was eligible as a child with severe emotional disturbance, and has a written opinion from a clinician, in the last 12 months, stating that he/she has risk factors for mental health inpatient treatment or residential treatment, unless ongoing case management or community support services are provided;

AND

3. Has significant impairment or limitation in adaptive behavior or functioning directly related to the primary diagnosis and defined by an acceptable standardized assessment tool adopted by the Department through rulemaking and administered at least annually. If using the LOCUS, the member must have a LOCUS score, as determined by a LOCUS Certified Assessor, of 17 or greater.

Timely Access:

12. Measure: Days between referral to a Private NonMedical Institution (PNMI; MaineCare Section 97 Appendix E) and acceptance of Department referrals for clients who are inpatient.

Standards:

- a) Acceptance decisions are communicated within 5 business days of referral for at least 80% of referrals.
- b) Except in cases where Department approval for refusal is granted, at least 80% of referrals are accepted within 5 business days from referral or from rejection of authorization to refuse referral.

Referral: Referrals are submitted via a portal in the Kepro Atrezzo system. The OBH Gatekeeper assigns the referral to a PNMI provider via Atrezzo.

Department referral: A referral for a specified service that is initiated by a Department of Health and Human Services (“Department”) employee (i.e., Dorothea Dix Psychiatric Center, Riverview Psychiatric Center, an OBH Intensive Case Manager, OBH Program Manager). Referral source is noted in the Atrezzo referral portal.

Acceptance Decisions: A PNMI Provider selects a field within the Atrezzo system indicating acceptance of the referral, accepting with accommodations requested and specified, or requests permission to decline referral. The latter requires choice of a limited number of options for declining the PNMI referral. The OBH PNMI team will respond to requests to decline referral within 2 business days via the Atrezzo portal.

Days Between Referral and Acceptance: The number of days is generated via a report from Atrezzo that subtracts the acceptance decision date that is automatically recorded when the decision is selected within Atrezzo from the date the referral is assigned to the provider within Atrezzo; the report removes weekend and holiday dates from the count.

Description of Process: All PNMI referrals must now be submitted via the Kepro Atrezzo system. The referrals are received in Atrezzo by the OBH PNMI team who reviews for completeness; the referral is also reviewed by the Kepro clinical team for program eligibility determination. Review is completed within 2 business days. If the client is eligible for PNMI level of care (LOC), the referral is assigned by the OBH gatekeeper to a PNMI provider with an open bed (bed occupancy is managed in the OBH PNMI database) who the gatekeeper determines would be the best fit for the clients needs and preferences (e.g. geography, dynamics of the home); this assignment occurs the same day determination is confirmed. Acceptance decisions and OBH decisions for any requests for accommodations or permission to decline are communicated via the Atrezzo portal, allowing for date/time capture to generate reports of days between referral and acceptance.

2. Measure: Days between referral and admission to PNMI for clients who are inpatient.

Standard:

a) Excluding situations when discharge is delayed due to inpatient adult not being clinically ready for discharge, at least 80% of referrals are admitted to a PNMI bed within 30 calendar days from the date of referral.

Admission Date: Date client begins residing in the PNMI. Date of admission is captured within the Atrezzo portal as part of authorization for payment of service.

Days Between Referral and Admission: The number of days is generated via a report from Atrezzo that subtracts the admission date from the date the referral is assigned to the provider within Atrezzo.

Clinically Ready for Discharge: Inpatient clinical staff determine client no longer meets medical necessity criteria and is no longer benefiting from inpatient LOC. Client meets medical necessity language for clinical readiness criteria, meaning able to safely function in a less restrictive setting and free from individual challenges (e.g. awaiting approval of Veteran benefits) that would impede a discharge plan. Weekly progress note by the provider on medical necessity and weekly report by the Utilization Nurse at UM meeting document medical necessity criteria for each client.

Description of Process: Inpatient staff notify PNMI gatekeeper of discharge delay; reason for delay beyond 30 days from referral is noted in Atrezzo in authorization for service.

3. Measure: Length of time on waitlist for Bridging Rental Assistance Program Voucher.

Standard:

a) Vouchers are issued on average within 14 calendar days for eligible adults discharging from a psychiatric facility, those who are categorized as homeless based on United States Housing and Urban Development (HUD) definition of literal homelessness, and those who are being released from incarceration.

Length of Time on Waitlist: Days between receipt of BRAP by the CAA from LAA of a completed application and issuance of a voucher available for clients who meet program criteria.

Eligible Adults: Individuals at least 18 years of age who meet BRAP criteria, which can be found at <https://www.maine.gov/dhhs/obh/support-services/housing-services>

Discharging from Psychiatric Facility: Leaving an inpatient LOC to live in the community.

Homeless: The Housing and Urban Development (HUD) definition of literal homelessness. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
- (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- (iii) Is exiting an institution where individual has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Being Released from Incarceration: Being discharged within the next 30 days from a Correctional Facility or have been released within the past 30 days from a Correctional Facility or those who have been adjudicated through a Mental Health treatment court and who have no subsequent residences identified.

Description of Process: The BRAP Central Adminstrating Agency (CAA) issues a voucher following review of a completed application and determination that a client meets program eligibility criteria. Clients who meet the priority categories described above are given preference for available vouchers. If no vouchers are available, the CAA maintains a waitlist. BRAP data is obtained via a quarterly report sent to OBH by the CAA.

4. Measure: Days between referral and initial face to face assessment for Community Integration services.

Standards:

- a) Face-to-face assessment occurs within 7 business days of referral for at least 60% of referrals, excluding those who agree to be put on hold for service.
- b) Face-to-face assessment occurs within 30 calendar days of referral for at least 85% of referrals, excluding those who agree to be put on hold for service.

Referral: Request for admission of a specific person into a Community Integration program with sufficient information provided to make initial determination of program eligibility.

Initial Face to Face Assessment: First date of service, either in person or via telehealth, with the Community Integration provider at which information is gathered to determined client treatment goals and begin process of psychosocial assessment.

Days Between Referral and Initial Assessment: Days between of first appointment for service and referral; provider enters the referral date and first date of service in the Atrezzo system when requesting authorization for payment. If the days exceed 7, providers select reason for delay (e.g. client did not show for first appointment). A report within Atrezzo calculates the days between the referral date and the first date of service, subtracting out holiday and weekend dates for calculation of Standard a to reflect business days.

Hold for Service: If a provider does not have an immediate opening, clients may opt to wait for the provider's next opening rather than seek services with a different Community Integration provider. The provider enters the client into the Atrezzo system on a hold status.

Description of Process: MaineCare and OBH allow "presumptive eligibility" for 30 days in order to allow time for sufficient information to be gathered to determine whether client meets Section 17 program criteria without imposing barriers to beginning service. Providers must enter client information at admission for authorization for payment and then additional information within 30 days in order to confirm program eligibility. If a client does not meet eligibility as determined by Kepro, services are not covered and providers may discharge the patient without seeking authorization to terminate services from OBH.

5. Measure: Days between referral and initial face to face assessment for Assertive Community Treatment services.

Standard:

- a) Face-to-face assessment occurs within 7 business days of referral for at least 60% of referrals, excluding those who agree to be put on hold for service.
- b) Face-to-face assessment occurs within 30 calendar days of referral for at least 85% of referrals, excluding those who agree to be put on hold for service.

Referral: Request for admission of a specific person into a Assertive Community Treatment (ACT) program with sufficient information provided to make initial determination of program eligibility.

Initial Face to Face Assessment: First appointment for service, either in person or via telehealth, with the ACT provider at which information is gathered to determined client treatment goals and begin process of psychosocial assessment.

Days Between Referral and Initial Assessment: Days between first date of service and referral; provider enters the referral date and first date of service in the Atrezzo system when requesting authorization for payment. If the days exceed 7, providers select reason for delay (e.g. client did not show for first appointment). A report within Atrezzo calculates the days between the referral date and the first date of service, subtracting out holiday and weekend dates for calculation of Standard a to reflect business days..

Hold for Service: If a provider does not have an immediate opening, clients may opt to wait for the provider's next opening rather than seek services with a different ACT provider. The provider enters the client into the Atrezzo system on a hold status.

Description of Process: MaineCare and OBH allow "presumptive eligibility" for 30 days in order to allow time for sufficient information to be gathered to determine whether client meets Section 17 program criteria without imposing barriers to beginning service. Providers must enter client information at admission for authorization for payment and then additional information

within 30 days in order to confirm program eligibility. If a client does not meet eligibility as determined by Kepro, services are not covered and providers may discharge the patient without seeking authorization to terminate services from OBH.

6. Measure: Days between Department referral and admission for Medication Management.

Standards:

- a) At least 75% of adults referred by the Department will be provided medication management service within 7 calendar days of discharge from psychiatric inpatient treatment.
- b) At least 85% of adults referred by the Department will be provided medication management service within 14 calendar days of discharge from psychiatric inpatient treatment.

Department Referral: A referral for a specified service that is initiated by a Department of Health and Human Services (“Department”) employee (i.e., Dorothea Dix Psychiatric Center, Riverview Psychiatric Center, an OBH Intensive Case Manager, OBH Program Manager). Referrals are to be submitted through the Kepro Atrezzo portal for tracking purposes and assignment to provider.

Admission: First date of service with a medication management provider.

Medication Management: MaineCare and OBH covered service as defined in Section 65 of the MaineCare benefits manual.

Provided Medication Management Service: Clients has had at least one appointment with medication management provider.

Days Between Department Referral and Admission: Calculation in the Atrezzo system of days between date of admission from the authorization for service and date client was discharged from psychiatric inpatient care. Holiday and weekend dates are subtracted out for Standard a.

7. Measure: Response times to requests to Maine Crisis Line (MCL).

Standard:

- a) In at least 90% of cases, phone calls are responded to within 10 seconds, and texts/SMS and emails are responded to within 120 seconds.

Response Time: Length of time between incoming calls/texts/SMS/emails to the MCL and when a staff person from the MCL answers the call or responds to the text/SMS/email. This data is captured by the call center software, currently iCarol, which meets the technology standards of the National Suicide Prevention Lifeline.

8. Measure: Time from determination of need for face-to-face contact or when adult in crisis was ready and able to be seen to Initial face-to-face contact as a result of call to the MCL.

Standards:

- a) More than half of adults determined to need face-to-face assessment are seen within 2 hours of referral to mobile crisis.
- b) At least 85% of adults determined to need face-to-face assessment are seen within 3 hours of referral to mobile crisis.

Determination of Need: Based upon assessment of call center staff of the MCL and in keeping with contract terms, crisis cannot be resolved via call/text/email/SMS intervention. Referral to regional mobile crisis team is deemed appropriate.

Face to Face Contact: In person or telehealth interaction with mobile crisis team member for the purposes of crisis resolution. Date, time, and duration of the contact are captured in clinical documentation consistent with claims and licensing requirements and submitted in monthly data reports to OBH. Time between referral to mobile crisis and face to face contact is a required performance measure in OBH contracts.

Ready and Able to be Seen: Person in crisis is available in the community and agrees to be seen, or, in the case of the place of service being an emergency department, is not otherwise occupied by evaluation or intake with emergency department staff.

Referral to Mobile Crisis: Crisis staff of the MCL provide a warm handoff to mobile crisis team in the region where the person in crisis is located via telephone transfer during which the MCL staff remains on the line and provides a summary of the encounter. Direct transfers occur ~94% of the time as captured by iCarol call center software.

9. Measure: Time between completion of Initial face-to-face Crisis Assessment contact and Final Disposition/Resolution of crisis.

Standard:

- a) More than half of adults have disposition/resolution within 3 hours of completion of initial face-to-face crisis assessment.

Face to Face Contact: In person or telehealth interaction with mobile crisis team member for the purposes of crisis resolution. Date, time, and duration of the contact are captured in clinical documentation consistent with claims and licensing requirements and submitted in monthly data

reports to OBH. Time between face to face contact and ~~disposition~~ disposition/resolution of crisis is a required performance measure in OBH contracts.

Disposition: Person in crisis is referred for or connected to the appropriate service as determined by crisis assessment. Mobile crisis worker documents disposition category. Data is submitted to OBH in monthly performance measures.

Admission to Crisis Stabilization unit.
Admission to Detox Unit.
Crisis Stabilization with no referrals for Mental health/substar
Crisis Stabilization with referral back to current provider for Mental Health/Substance Abuse follow-up.
Crisis Stabilization with referral to new provider for Mental Health/Substance Abuse follow-up.
Inpatient Hospitalization - Medical.
Involuntary Psychiatric Hospitalization.
Voluntary Psychiatric Hospitalization.

Resolution: The crisis is resolved via the mobile crisis intervention without need for further services at that time.

10. Measure: Percent of adults involuntarily admitted for psychiatric treatment as the final disposition from a call to the MCL.

Standard:

- a) Less than 5% of adults in crisis are involuntarily admitted for psychiatric treatment as the final disposition from a call to the MCL.

Involuntarily Admitted: Adult in crisis is referred for inpatient admission based upon determination that they pose likelihood of serious harm due to their mental illness consistent with 34-B M.R.S. § 3863, does not agree to hospitalization, and is blue papered/taken into protective custody for the purposes of admission over their objections.

Percent of Adults Involuntarily Admitted: Average of the percent of referrals for involuntary admissions for each month of the quarter. The percent is calculated by the count of involuntary admission dispositions divided by the total mobile crisis assessments. This information is clinically documented by the mobile crisis worker and the counts of disposition categories are submitted in the required monthly performance measures submitted to OBH.

11. Measure: Percent of adults who are readmitted within 30 calendar days of discharge from Crisis Residential.

Standard:

- c) Adults are readmitted to a CSU within 30 calendar days from discharge less than 20% of the time.

Percent of Adults Readmitted: Admissions to crisis residential are captured in the Kepro Atrezzo system as part of the authorization for payment process. Discharges are also submitted in Atrezzo. The percent of readmissions is the adults discharged from crisis residential who have an authorization for crisis residential within 30 days of being discharged from crisis residential divided by the total number of clients discharged from crisis residential.

Crisis Residential: Crisis resolution services lasting greater than 24 hours at a facility designated as crisis residential as defined by Section 65 of the MaineCare Benefits Manual. Note that January 20, 2021 Standards used the local vernacular of “Crisis Stabilization Unit” and a request to correct the language is in process.

12. Measure: Psychiatric inpatient admission within 30 calendar days of discharge from Crisis Residential.

Standard:

- a) No more than fifteen percent (15%) of adults discharged from Crisis Residential are admitted for inpatient psychiatric treatment within 30 calendar days.

Psychiatric Inpatient Admission: Admission to an inpatient level of care at a psychiatric hospital or psychiatric unit either voluntarily or involuntarily. Admissions to psychiatric inpatient LOC within Maine are captured as authorizations for service within the Kepro Atrezzo system.

Crisis Residential: Crisis resolution services lasting greater than 24 hours at a facility designated as crisis residential as defined by Section 65 of the MaineCare Benefits Manual. Note that January 20, 2021 Standards used the local vernacular of “Crisis Stabilization Unit” and a request to correct the language is in process.

Percent of Adults Discharged from Residential Admitted to Inpatient: Discharges from Crisis Residential are submitted in Atrezzo. The percent calculated is the number of adults discharged from crisis residential who have an authorization for psychiatric inpatient admission within 30 days of being discharged from crisis residential divided by the total number of clients discharged from crisis residential.

13. Measure: Days between referral and admission of adults to Behavioral Health Home (BHH).

Standards:

- a) Admission occurs within 7 business days of referral for at least 60% of referrals, excluding those who agree to be put on hold for service.
- b) Admission occurs within 30 calendar days of referral for at least 85% of referrals, excluding those who agree to be put on hold for service.

Referral: Request for admission of a specific person into a Behavioral Health Home (BHH) program with sufficient information provided to make initial determination of program eligibility.

Admission: First appointment for service, either in person or via telehealth, with the BHH provider at which information is gathered to determine client treatment goals and begin process of psychosocial assessment.

Days Between Referral and Admission: Days between first appointment for service and referral; provider enters the referral date and first date of service in the Atrezzo system when requesting authorization for payment. If the days exceed 7, providers select reason for delay (e.g. client did not show for first appointment). A report within Atrezzo calculates the days between the referral date and the first date of service, subtracting out holiday and weekend dates for calculation of Standard a.

Hold for Service: If a provider does not have an immediate opening, clients may opt to wait for the provider's next opening rather than seek services with a different BHH provider. The provider enters the client into the Atrezzo system on a hold status.

Description of Process: Providers must enter client information at admission for authorization for payment in order to confirm program eligibility. If a client does not meet eligibility as determined by Kepro, services are not covered and providers may discharge the patient without seeking authorization to terminate services from OBH.

Contract Management and Enforcement:

14. Measure: Number of requests for rejection of referral granted for reasons other than staffing ratios, capacity, or not meeting eligibility criteria per MaineCare rule.

Standard:

- a) Less than 5% of requests to reject referral for reasons other than staffing ratios, capacity, or not meeting eligibility per MaineCare rule are granted.

Request for Rejection of Referral: MaineCare rule for Sections 17, 65, 92, and 97 now require authorization from OBH to refuse referral of adults with Serious Mental Illness (SMI; as defined in each Section) for certain services as defined within the rules. Request to refuse referral must be submitted through the Kepro Atrezzo system, OBH Program Managers make the determination with consultation from OBH Director or Clinical Director as needed, and decisions are communicated back through this portal.

Staffing Ratios/Capacity: Providers state in their request for referral refusal that they do not have any openings for new clients, meaning that additional clients would result in a staff to client ratio that detracts from quality of care. In order to ensure that these requests are not an attempt to avoid taking a particular client, when a request is granted due to staffing ratio/capacity, a query is run to confirm that subsequent admissions do not take place.

15. Measure: Number of referral rejections or terminations of services without authorization that result in sanctions.

Standard:

- a) Violations of contract provisions or MaineCare rule provisions requiring prior approval before rejecting referrals or terminating services result in sanctions at least 95% of the time.

Referral Rejections or Terminations of Service Without Authorization: MaineCare rules and OBH contracts for CI, ACT, BHH, Department referred Medication Management and Crisis Residential, and PNMI Appendix E require providers to obtain authorization from OBH prior to refusing referral or terminating services for individuals with SMI. Providers request these authorizations through the Kepro Atrezzo system and decision to grant authorization or not is communicated back through Atrezzo to the provider. Cases where referral refusal authorization was not granted and an admission does not appear within Atrezzo constitute a referral rejection without authorization. Cases where a provider refuses referral without seeking authorization are considered referral rejection without authorization. Cases where termination authorization is not granted and a discharge appears in Atrezzo are considered termination without authorization. Cases where a provider terminates services without seeking authorization are considered termination without authorization. Reports are generated within the Atrezzo system to flag these scenarios as described.

Sanction: Department action resulting from an unauthorized referral refusal or termination. Providers are notified of the rule/contract violation and given an opportunity to immediately remedy if they have not previously violated rule/contract in this manner. For refusal to comply or repeated violations, sanctions will include but not be limited to written warnings regarding risk of losing contract or MaineCare provider status, mandatory plans of correction, recoupment of funds, and loss of contract or MaineCare provider status.

Percent of Violations Resulting in Sanctions: The number of cases in which sanctions are imposed divided by the total number of violations shall be the percent of violations resulting in sanctions. Cases where the provider has not previously violated and immediately comes into compliance shall not be included in the calculation. Cases are identified via the process defined above via Atrezzo reports and reports to the OBH Compliance Team by DRM, clients, or other parties that a provider is in violation of this rule when rule violation is not immediately remedied upon communication to provider by OBH. Imposed sanctions are tracked by the OBH Compliance Team.

State Hospital:

16. Measure: Riverview Psychiatric Center makes effective use of its capacity for inpatient hospitalization.

Standards:

- a) RPC maintains licensing, accreditation by the Joint Commission, certification by the United States Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS), and maintains funding levels calculated to meet those accreditation and certification standards.
- b) Seventy percent (70%) of patients who remained ready for discharge were in fact discharged within 7 calendar days of a determination that they had received maximum medical benefit from inpatient care.
- c) Eighty percent (80%) of patients who remained ready for discharge were in fact discharged within 30 calendar days of a determination that they had received maximum medical benefit from inpatient care.
- d) Ninety percent (90%) of patients who remained ready for discharge were in fact discharged within 45 calendar days of a determination that they had received maximum medical benefit from inpatient care.

Licensing: Active hospital license status as determined by the Maine Division of Licensing and Certification.

Accreditation: Current accreditation status by the Joint Commission.

Certification: Current certification by the Centers for Medicaid and Medicare Services.

Ready for Discharge: Patient meets medical necessity language for clinical readiness criteria, meaning able to safely function in a less restrictive setting and free from individual challenges that would impede a discharge plan. Weekly progress note by the provider on medical necessity and weekly report by the Utilization Nurse at UM meeting document medical necessity criteria for each patient.

Percent of Patients Ready for Discharge and are Discharged: The total number of civil patients discharged divided by the number of civil patients who are ready for discharge; this percent is calculated for each timeframe category based upon the days between determination of ready for discharge and actual discharge date.

Reporting:

17. Measure: The Department provides timely quarterly reports on each standard to the Court Master and Plaintiffs' Counsel.

Standard:

a) Reports are provided no later than 60 calendar days after the end of each quarter.

Reports of the above defined standards are emailed to the Court Master and Disability Rights Maine within 60 calendar days of each quarter as outlined below:

Compliance Quarter	Dates
-	1/1/21-3/31/21
-	4/1/21-6/30/21
1	7/1/21-9/30/21
2	10/1/21-12/31/21
3	1/1/22-3/31/22
4	4/1/22-6/30/22
5	7/1/22-9/30/22
6	10/1/22-12/31/22

Pending availability of all parties, data will be presented by the Department at the monthly Court Master Meeting within the 60 day window in addition to written submission via email.